Quarterly Totals

Demographic Reporting Form
Positive Alternatives

Date: <u>01/01/2016-03/31/2016</u> ~~**Grantee Name: Pregnancy Choices**~~

1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
0	5	5	23	12	3	4	0

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown
38	2	0	0	12

3. Client Marital Status:

Married	Not Married	Marital Status Unknown
13	39	0

4. Client Race:

Race: White	Race: African-American	Race: African-African	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
16	7	8	0	3	18	0

5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
16	36	0

INSTRUCTIONS FOR COMPLETING DEMOGRAPHIC REPORTING FORM

1. Enter the date covered by the reporting period. The date will correspond to the quarterly report (e.g., report due April 20th covers the period January 1 – March 31st; report due July 31st covers the period April 1 – June 30th, etc.).
2. Enter your organization name.
3. Numbers 1 – 5 ask for the demographic information that was previously collected on the Necessary Services Data Intake form. Enter the totals for each of the demographic categories in numbers 1 – 5 that were collected during the stated reporting period.
4. Save the form as a new document. Send it in by email with your Update Report of the same quarter.
5. Reuse the form each quarter.